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## \*BIBDATASHEET\*

CONFIRMATION NO. 7594

Bib Data Sheet

<b>SERIAL NUMBER</b> 08/454,529	<b>FILING OR 371(c) DATE</b> 05/30/1995 <b>RULE</b> 1.60	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 212/083
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 08/200,866 02/22/1994 PAT 5,541,308 which is a CON of 07/806,929 12/11/1991 ABN  
 which is a CON of 07/295,208 12/09/1988 ABN  
 which is a 371 of PCT/US87/03009 11/24/1987  
 This application 08/454,529  
 is a CIP of 07/083,542 08/07/1987 ABN  
 which is a CIP of 06/934,244 11/24/1986 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/26/1995

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 1
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## ADDRESS

21365

## TITLE

METHODS FOR DETERMINING THE PRESENCE OF NON-VIRAL ORGANISMS IN A SAMPLE

<b>FILING FEE RECEIVED</b> 10008	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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